

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10315 2900

1. PLACE OF DEATH:

County Talbot
 City or town Easton, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 days 13 1/2 hrs.
 Hospital, institution, or street address where death occurred:
Memorial Hosp. Easton, Md.
 How long in hospital or institution? 7 days 13 1/2 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
 City or town Easton - R.D.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mr. Harmon D. Callahan

3. (b) Social Security Number

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mrs. Ardie Callahan

7. Birth date of deceased (mo., day, yr.)

Nov. 10, 1876

8. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

59 yrs.11hrs.min.

9. Birthplace

Talbot Co. Md.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

John R. Callahan

13. Birthplace

Talbot Co. Md.

14. Maiden name

Catherine Skinner

15. Birthplace

L. R. Co. Md.

16. Informant

Edward Callahan

Address

Easton Md

17.

(Burial, cremation, or removal. Which?)

Date thereof

10/31/46
(month) (day) (year)

Cemetery or crematory

Spring Hill

Location

Easton Md

18. Funeral director

Carl W. Hafford

Address

Easton Md

19.

(Date rec'd by registrar)

19

46H. R. Nease
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28 19 46 at 1:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

27 Oct19 46Oct 2819 46

and that I last saw him alive on

28 Oct19 46

Immediate cause of death

Cardiac failure

DURATION

Due to

Arterio Sclerosis & cardiac hypertrophy

Due to

Other conditions

(Include pregnancy within 9 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Thomas H. Nease
M. D. or other

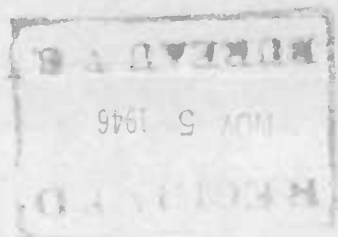
Address

Easton

Date signed

28 Oct 46

1-35



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

CERTIFICATE OF DEATH

Reg. Dist. No. 10316 290

1. PLACE OF DEATH:

County..... Talbot
 City or town..... Cordova P.O. #1
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 4 Years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Talbot
 City or town..... Cordova
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... P.O. #1
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

MARY HELEN (GOLT) CALLAHAN

3. (b) Social Security Number

4. Sex..... Female 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Married
 6.(b) Name of husband or wife..... Edward J. Callahan
 7. Birth date of deceased (mo., day, yr.)..... August 12, 1881 5.(c) If alive, give age..... 66 years
 8. AGE: Years..... 65 Months..... 1 Days..... 29 If less than one day..... hrs. min.

9. Birthplace..... Talbot Co. Md.
 (Town, county, and state)
 10. Usual occupation..... Housewife
 11. Industry or business..... At Home
 12. Name..... Joseph P. Golt
 13. Birthplace..... Maryland
 14. Maiden name..... Alphonsa J. Sherwood
 15. Birthplace..... Maryland

16. Informant..... Joseph P. Callahan
 Address..... Cordova Md. P.O. #1
 17. (Burial, cremation, or removal) Which?..... Burial Date thereof..... Dec 14, 1946
 (month) (day) (year)
 Cemetery or crematory..... St. Josephs
 Location..... Cordova Md. (Crem.)
 18. Funeral director..... P. Felix Clark
 Address..... Easton, Md.
 19. 10/11 19 46 Registrar..... N. S. Neuman
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... October 11 19 46, at 4 A. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 11 19 46 to October 11 19 46 and that I last saw him alive on Sept 29 19 46

Immediate cause of death..... Acute pneumonia
 Due to..... multiple m. b. g. pneumonia 3 years
 1. chronic
 Due to.....

Other conditions..... arteriosclerosis chronic
and hypertension
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?
 23. SIGNATURE..... Frank Lederer M.D.
 Address..... Chess Ann Md Date signed..... 10/12
 M. D. or other

RECEIVED

OCT 21 1946

BUREAU T C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

10317

Reg. Diat. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Easton (Rural)
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

ELMER ALONZO CHEEZUM

3. (b) Social Security Number

212-10-6467

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Anna C. Cheezum

7. Birth date of deceased (mo., day, yr.)

June 1, 18956. (c) If alive, give age 51 years

8. AGE:

Years

50

Months

4

Days

17

If less than one day

hrs.

min.

9. Birthplace

Talbot Co. Md.
(Town, county, and state)

10. Usual occupation

Salaman

11. Industry or business

Kroger's Food

FATHER

12. Name

Charles E. Cheezum

13. Birthplace

Md.

MOTHER

14. Maiden name

Isabelle Kirby

15. Birthplace

Md.

16. Informant

Mrs. Anna C. Cheezum

Address

Easton, Md.

17.

(Burial, cremation, or removal, which?)

Date thereof

Oct. 21, 1946
(month) (day) (year)

Cemetery or crematory

Spring Hill

Location

Easton, Md.

18. Funeral director

P. Ellis Clark

Address

Easton, Md.

19.

(Date rec'd by registrar)

19

46W. H. Neenan
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Talbot

City or town

Easton
(If outside city or town limits, write RURAL and give nearest town)

Street No.

633 Hollister St.
(If rural, give LOCATION)

2. (a) If veteran, name war

✓

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 18

19

46 at 9:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September

19

45 toOctober

19

46

and that I last saw him alive on

October 10

19

46

Immediate cause of death

Myocarditis

DURATION

1 yr.

Due to

Arterio Sclerosis and

Due to

Hyperlipidemia2 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

William S. Bequaumont

M. D. or other

Address

Easton, Md.

Date signed

10/21/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County... DorchesterCity or town... Boston, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Boston Memorial HospitalHow long in hospital or institution? Two to three days

3. (a) FULL NAME

Jane Sarah Conway

4. Sex

F.

5. Color of race

B

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Eugene A. Conway

7. Birth date of

deceased (mo., day, yr.)

August 19, 1884

6. (c) If alive, give age... years

8. AGE:

Years

Months

Days

If less than one day

6221

hrs.

min.

9. Birthplace

Dorchester Co. Md.
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

FATHER

12. Name

Ashbury Jones

13. Birthplace

Dorchester Co. Md.

MOTHER

14. Maiden name

Martina Floodland

15. Birthplace

Dorchester Co. Md.

16. Informant

Address

Jane A. ConwayHenlock, Md.

17.

(Burial, cremation, or removal Which?)

Date thereof

10/24/46
(month) (day) (year)

Cemetery or crematory

Providence

Location

Near East New Market Rd

18. Funeral director

Address

J. J. TrautmanFederalburg, Maryland

19.

(Date rec'd by registrar)

19. 46

M. F. Morris

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Dorchester

City or town

Henlock, A.D.
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH... October 20 19. 46 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

8:0019. 46to 2:0019. 46

and that I last saw him alive on

19 Oct

Immediate cause of death

Cardiac failure

DURATION

Due to

diabetes mellitus(3)

Due to

Other conditions

Calculation left foottooth

(Include pregnancy within 8 months of death)

Major findings of operations

Calculation of great toeleft

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Thomas H. Morris

M. D. or other

Address

214 E. Dover St. EastonDate signed 23 Oct 46

RECEIVED
OCT 28 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10319
290

1. PLACE OF DEATH:

County Talbot
 City or town Easton (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? All of life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland - County Talbot
 City or town Easton (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Thomas Bernard Bouccell

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Hester Bouccell

7. Birth date of

Oct. 22, 1903

8. AGE:

42 Years 11 Months 25 Days 43 It less than one day

9. Birthplace

Talbot Co. Md.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Farmer

FATHER

12. Name Thomas H. Bouccell13. Birthplace Talbot Co. Md.

MOTHER

14. Maiden name Beulah Slaughter15. Birthplace Queen Anne, Md.

16. Informant

Wm. Hester Bouccell

Address

Easton, Maryland

17. (Burial, cremation, or removal, Which?)

Burial

Cemetery or crematorium

Spring Hill

Location

Easton, Md.

18. Funeral director

Maurice E. Newman

Address

Easton, Md.

19. (Date rec'd by registrar)

10/19/46

20. (Date rec'd by registrar)

46

21. (Date rec'd by registrar)

N. H. Merin

22. (Date rec'd by registrar)

Registar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 18, 1946 at 19:46 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., 10....., 19.....

and that I last saw him.....alive on.....19.....

Immediate cause of death Pneumonia
& cardiac failure due toDue to Coronary arteryDue to Coronary artery of the large
arteries

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Coronary artery of the aorta
arteriesDate of op. May '46

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thos. H. Merin M. D. or otherAddress Easton Date signed 18 Oct 46

RECEIVED
OCT 24 1946
BUREAU V.M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10320

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Queen Anne's rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 weeks
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Queen Anne's
 City or town Rural Queen Anne's
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3.(a) FULL NAME

FRANCES MAE COVINGTON

3.(b) Social Security Number

218-16-8481

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced married

8.(b) Name of husband or wife William Walter Covington

8.(c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) October 17, 1924

8. AGE: Years 22 Months - Days 8 If less than one day
 hrs. min.

9. Birthplace Queen Anne's, Talbot Co.
 (Town, county, and state)

10. Usual occupation housewife

11. Industry or business

12. Name Harry P. Whitney

13. Birthplace Caroline Co., Md.

14. Maiden name Ethel Mae Hayton

15. Birthplace Queen Anne's, Queen Anne's Co.

16. Informant Mr. W. Walter Covington

Address Queen Anne's, Md.

17. Burial Date thereof Oct. 27, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hillsboro

Location Hillsboro, Ind.

18. Funeral director Virgil Moore & Son

Address Denton, Ind.

19. 10/26 19 46 N.H. Neuner
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25, 1946 at 3 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 30, 1946 to Oct. 25, 1946 and that I last saw him alive on Oct. 24, 1946

Immediate cause of death Secondary care - DURATION
thrombosis of the liver and 2 mo.
peritonitis

Due to adenocarcinoma of the 4 mo.
right ovary

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hurt Lederer M.D.

M. D. or other

Address Queen Anne's Md. Date signed 10/25

RECEIVED
OCT 31 1946
BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10321

Reg. Dist. No. I 910

1. PLACE OF DEATH:

County Talbot
 City or town St. Michaels
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 68 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Talbot
 City or town St. Michaels
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war.

3. (a) FULL NAME

Howard J. Dennis

3. (b) Social Security Number

none

4. Sex male 5. Color or race colored 6. (a) Single, married, or divorced married

6. (b) Name of husband or wife Ladie V. Dennis

6. (c) If alive, give age 57 years
 7. Birth date of deceased (mo., day, yr.) April 7, 1878

8. AGE: Years 68 Months 6 Days 6 If less than one day
hrs.min.

9. Birthplace St. Michaels
 (Town, county, and state)

10. Usual occupation Clerk11. Industry or business Grocery Store12. Name Unknown13. Birthplace Unknown14. Maiden name Lizzie Bentley15. Birthplace St. Michaels16. Informant Ladie V. DennisAddress St. Michaels, Md

17. Burial Date thereof Oct 17 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory CemeteryLocation St. Michaels Md19. Funeral director Newnam HarrisonAddress St. Michaels, Md19. Oct 15 - 46 J. H. Harrison Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 13 Oct. 19 46, at 4⁰⁰ A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 13 Oct. 19 46 to 13 Oct. 19 46
 and that I last saw him live on Dead on Arrival

Immediate cause of death Malnutrition DURATION ?

Due to Nephritis ?
and Cardio-vascular disease ?

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. Herbert Morrison M. D. or otherAddress St. Michaels Date signed 15 Oct. 46

5-3-5



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10322290
Reg. Dist. No.

1. PLACE OF DEATH County <u>Talbot</u> City or town <u>Easton</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>8 hrs.</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Talbot</u> County <u>Talbot</u> City or town <u>Easton</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>10 S. Washington</u> (If rural, give LOCATION) 2.(a) If veteran, name war			
3. (a) FULL NAME <u>Lawrence Chambers Hardin</u>				3. (b) Social Security Number <u>317-03-7167</u>			
4. Sex <u>M.</u> 5. Color or race <u>W.</u> 6. (a) Single, married, widowed, or divorced <u>M.</u>				MEDICAL CERTIFICATION			
6. (b) Name of husband or wife <u>Irene Hardin</u>				20. DATE OF DEATH <u>Oct 14</u> 19 <u>46</u> at <u>M.</u>			
7. Birth date of deceased (mo., day, yr.) <u>Sept 17, 1895</u>				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
8. AGE: Years <u>51</u> Months <u>0</u> Days <u>27</u> If less than one day <u>hrs.</u> <u>min.</u>				and that I last saw h..... alive on 19....., to..... 19.....			
9. Birthplace <u>Talbot County, Maryland</u> (Town, county, and state)				Immediate cause of death <u>Coronary occlusion</u>			
10. Usual occupation <u>Carpenter</u>				Due to			
11. Industry or business				Due to			
12. Name <u>Arnska Hardin</u>				Other conditions			
13. Birthplace <u>Talbot</u>				(Include pregnancy within 3 months of death)			
14. Maiden name <u>Rene Smith</u>				Major findings of operations			
15. Birthplace <u>Talbot</u>				Date of op.			
16. Informant <u>Mr. Samuel Shanksen</u>				Autopsy results			
Address <u>Easton, Md.</u>				PHYSICIAN: Please underline the cause to which death should be charged statistically.			
17. Burial <u>Buried</u> Date thereof <u>Oct 16, 1946</u> (Burial, cremation, or removal, Which?) (month) (day) (year)				22. VIOLENCE: If death was due to external causes, fill in the following:			
Cemetery or crematory <u>Spring Hill</u>				Accident, suicide, or homicide			
Location <u>Easton, Md.</u>				Where did injury occur? (City or town) (County) (State)			
18. Funeral director <u>Wm. Clark</u>				Injured at home, farm, industry, public place (where?)			
Address <u>Easton, Md.</u>				Means of injury Injured at work?			
19. 10/15 19 <u>46</u> <u>N. H. Neuman</u> (Date rec'd by registrar) Registrar				23. SIGNATURE <u>Louis J. Wooten, M.D.</u> M. D. or other			
				Address <u>Easton, Md.</u> Date signed <u>10-16-46</u>			

RECEIVED
OCT 21 1946
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10323

Reg. Dist. No. 2900

1. PLACE OF DEATH:

County Frederick
 City or town Greensboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10-15-46 thru 10-24-46
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? Admitted 10-15-46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Hudson (rural)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION) ☒

2(a) If veteran, name war _____

3. (a) FULL NAME

Anton Hulfocker Hybicki

3. (b) Social Security Number _____

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

married

MEDICAL CERTIFICATION

2D. DATE OF DEATH Oct. 24 1946, at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
10-15-46 to 10-24-46
 and that I last saw him alive on 10-24-46

Immediate cause of death

arterio Sclerosis 23

Due to

arterio Sclerosis 503

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury

Injured at work? _____

23. SIGNATURE

Anton Hulfocker Hybicki

M. D. or other

Address

Greensboro, Md. Date signed _____

8. (b) Name of husband or wife

Regina Hybicki

7. Birth date of deceased (mo., day, yr.)

May 4, 1869

5. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

77

_____ hrs. _____ min.

9. Birthplace

Germany
(Town, county, and state)

10. Usual occupation

retired

11. Industry or business

FATHER

12. Name

Ludwig Hoffercker

13. Birthplace

Germany

MOTHER

14. Maiden name

Anna Maria Hoffercker

15. Birthplace

Germany

16. Informant

Mrs. Regina Hoffercker

Address

Hudson, Maryland

17.

(Burial, cremation, or removal. Which?)

Date thereof

10/27/46
(month) (day) (year)

Cemetery or crematory

Greensboro

Location

Greensboro Md.

18. Funeral director

Raymond B. Rawlings

Address

Greensboro, Md.

19.

(Date rec'd by registrar)

10/26-46H. H. Newlin
Registrar

2-35

RECEIVED
NOV 5 1946
MILITARY

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 922

CERTIFICATE OF DEATH

Reg. Dist. No. 103298

1. PLACE OF DEATH:

County..... Talbot
 City or town..... Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Life
 Hospital, institution, or street address where death occurred:
South St.
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Talbot
 City or town..... Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... South St.
 (If rural, give LOCATION)
 2.(n) If veteran, name war..... ☒

3. (a) FULL NAME

William Henry Johnson

3. (b) Social Security Number

214-18-4925

4. Sex..... Male 5. Color or race..... Colored 6. (a) Single, married, widowed, or divorced..... Married

6. (b) Name of husband or wife..... Catharine Johnson
 6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)..... May 5, 1891

8. AGE: Years..... 55 Months..... 5 Days..... 15 If less than one day..... hrs. min.

9. Birthplace..... Delaware
 (Town, county, and state)

10. Usual occupation..... Labour

11. Industry or business.....

12. Name..... Isaac Johnson

13. Birthplace..... Maryland

14. Maiden name..... Mary Currie

15. Birthplace..... Wash. D. C.

16. Informant..... Fred Johnson (Bro.)

Address..... Easton, Md.

17. (Burial, cremation, or removal. Which?)..... Burial Date thereof..... Oct. 24, 1946
 (month) (day) (year)

Cemetery or crematory..... Richards

Location..... Easton, Md.

18. Funeral director..... E. Eliza Clark

Address..... Easton, Md.

19. 10/22 1946 N. H. Nevin
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Oct. 20 1946, at 1 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1945 to October 1946

and that I last saw him alive on Oct. 1946 1946

Immediate cause of death..... Valvular heart disease

Due to..... Malevolent hypertension

Other conditions.....

Due to.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

RECEIVED
OCT 28 1944
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1347

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: County..... <u>Talbot</u> City or town..... <u>Easton</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>18 days</u> Hospital, institution, or street address where death occurred: <u>The Memorial Hospital</u> How long in hospital or institution?..... <u>18 days</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Talbot</u> City or town..... <u>Wittman</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... (If rural, give LOCATION) 2.(a) If veteran, name war.....			
3. (a) FULL NAME <u>Mr. Thomas Jones</u>				3. (b) Social Security Number			
4. Sex <u>M</u>		5. Color or race <u>W</u>		6. (a) Single, married, widowed, or divorced <u>Married</u>			
8. (b) Name of husband or wife							
7. Birth date of deceased (mo., day, yr.) <u>August 26, 1870</u>							
8. AGE: Years <u>76</u>		Months		Days		If less than one dayhrs.min.	
9. Birthplace <u>Wittman, Md.</u> (Town, county, and state)							
10. Usual occupation <u>waterman</u>							
11. Industry or business							
FATHER		12. Name <u>Percy Jones</u>					
MOTHER		13. Birthplace <u>Wittman Md.</u>					
14. Maiden name <u>Rebecca Cooper</u>		15. Birthplace <u>Baltimore, Md.</u>					
16. Informant <u>Newman + Harrison</u> Address..... <u>Easton Md</u>							
17. Burial <u>Cemetery</u> (Burial, cremation, or removal. Which?) Date thereof..... <u>Oct 4, 1946</u> (month) (day) (year) Cemetery or crematory..... Location..... <u>Wittman Md.</u>							
18. Funeral director <u>Newman + Harrison</u> Address..... <u>St. Michaels, Md.</u>							
19. <u>10/3</u> <u>46</u> <u>N.H. Neeruv</u> (Date rec'd by registrar) Registrar							
MEDICAL CERTIFICATION							
20. DATE OF DEATH <u>10/2/46</u> 19..... at <u>4³⁰</u> A.M.							
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>9/14</u> 19..... <u>46</u> , to..... <u>10/2/</u> 19..... <u>46</u> and that I last saw him..... alive on..... <u>10/2/</u> 19..... <u>46</u>							
Immediate cause of death <u>Coronary occlusion</u> Due to <u>arteriosclerotic heart disease</u> Due to Other conditions <u>hypertrophied prostate</u> (Include pregnancy within 8 months of death)							
Major findings of operations <u>Bladder stone - 9/14/46</u> <u>hypertrophied prostate</u> Date of op. <u>9/25/46</u>							
Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town)..... (County)..... (State)..... Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....							
23. SIGNATURE <u>B. Cor Md</u> M. D. or other Address..... <u>Easton Md</u> Date signed <u>10/3/46</u>							

RECEIVED

OCT 12 1946

BUREAU V. G.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10326

Reg. Dist. No. 290

1. PLACE OF DEATH:

County... Talbot
 City or town... Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 days
 Hospital, institution, or street address where death occurred:
The Memorial Hospital
 How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Talbot
 City or town... Bryman
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Mr. William Larimore

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MW

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Feb 27, 1885

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

61721

..... hrs.

..... min.

9. Birthplace

Talbot Co. Md
(Town, county, and state)

10. Usual occupation

"Odd jobs - Laborer"

11. Industry or business

FATHER

12. Name

Mr. James Larimore

13. Birthplace

Talbot Co.

MOTHER

14. Maiden name

Marquet Liguori

15. Birthplace

Talbot Co.

16. Informant

Address

Mrs. Chas. Kerper
Chailorne, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Oct 15, 1946
(month) (day) (year)

Cemetery or crematory

Cemetery

Location

Bryman, Md

18. Funeral director

Address

Jefferson & Johnson
St. Michaels Md.

19.

(Date rec'd by registrar)

19. 46N. S. Neerues

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 19 46 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 10 19 46 to Oct. 13 19 46
and that I last saw him alive on Oct. 13 19 46

Immediate cause of death

Interventricular hemorrhage Right

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Louis M. Maltz, M.D.
M. D. or otherAddress Frederick Md Date signed 10-14-46

RECEIVED
OCT 21 1946
BUREAU V.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

10327

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 11 hrs. 8 min.
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 127 S. Harmon St.
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Baby Girl Lewis

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) 10-2-46 8. (c) If alive, give age..... years8. AGE: Years Months Days If less than one day
11 hrs. 8 min.9. Birthplace Easton, Talbot, Md.
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name Vernon Lewis13. Birthplace St. Michaels, Md.14. Maiden name Eva G. Seales15. Birthplace Georgia16. Informant Vernon LewisAddress Easton, Md.17. (Burial, cremation, or removal Which?) Date thereof Oct 4, 1946
(month) (day) (year)Cemetery or crematory Spring HillLocation Easton, Md.18. Funeral director Maurice Newman & SonAddress Easton, Md.19. 10/3 46 H.H. Newman
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 3 1946 at 2 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 3 1946 to Oct 3 1946 and that I last saw him alive on Oct 3 1946

Immediate cause of death.....

Congenital atelectasis of lungs

DURATION

Life

Due to.....

Due to.....

Other conditions Prematurity
mother had pyelitis
(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results atelectasis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H.H. Newman M. D. or otherAddress Easton, Md. Date signed 10/5/46

RECEIVED
OCT 12 1945
BUREAU V R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1142

CERTIFICATE OF DEATH

Reg. Dist. No. 290

10328

1. PLACE OF DEATH:

County Talbot
 City or town Easton, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? six days
 Hospital, institution, or street address where death occurred
Easton Memorial Hosp.
 How long in hospital or institution? six days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mr. Percy Melville

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Mr. Ada Melville

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1870

8. AGE: Years 76 Months 6 Days 14 6. (c) If alive, give age 74 years

8. AGE: Years 76 Months 6 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace Rochester, N.Y.
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business _____

12. Name Michael Freeman Melville

13. Birthplace Dublin, Ireland

14. Maiden name Jane Grinych

15. Birthplace Rome, N.Y.

16. Informant Mrs. Percy Melville

Address Easton, Md.

17. Burial (Burial, cremation, or removal, which?) Burial Date thereof 10/17/46
 (month) (day) (year)

Cemetery or crematory Kensico

Location New York

18. Funeral director John D. McLeary

Address Easton, Md.

19. 10/15 46 N.H. Nevins
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH October 14 1946, at 1:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1945, to October 14 1946

and that I last saw him alive on October 14 1946

Immediate cause of death Lung Abscess

DURATION 2 weeks

Due to _____

Due to _____

Other conditions Congestive Heart Failure 3 years
due to arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings of operations _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE M. V. Palmer M.D.
 Address Easton, Md. Date signed 10/14/46

RECEIVED

OCT 21 1946

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

10329

290

1. PLACE OF DEATH:

County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

Memorial Hospital, Easton, Md.How long in hospital or institution? One week

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Tunis Mills
(If outside city or town limits, write RURAL and give nearest town)Street No. Easton R.D. #1
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

William Mooney

3. (b) Social Security Number

212-18-62964. Sex Male5. Color or race Black6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Anne E. Mooney6. (c) If alive, give age 53 years7. Birth date of deceased (mo., day, yr.) Dec. 29, 18888. AGE: Years 57 yrs. Months 9 Days 11 If less than one day hrs. min.9. Birthplace Talbot Co. Md.
(Town, county, and state)10. Usual occupation Butler

11. Industry or business

12. Name Philip Mooney13. Birthplace Md.14. Maiden name Hannie Cooper15. Birthplace Md.16. Informant Wm. H. Mooney Jr.Address Easton Md. R.D. #117. Burial Date thereof 10/23/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CoppervilleLocation Easton Md. R.D.18. Funeral director R. Ellis ClarkAddress Easton Md.19. 10/21 19 46 N.H. Merwin
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 20, 19 46 at 3:45 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 Oct 19 46 to 20 Oct 19 46and that I last saw him alive on 19 Oct 46Immediate cause of death Cardiac failureDue to arteriosclerotic coronaryDue to arteriosclerotic coronaryDue to arteriosclerotic coronary

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

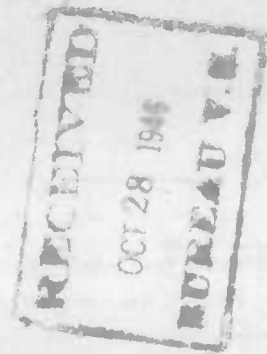
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thos. H. Harrison M.D.Address 214 E. Ave St. Easton Date signed 23 Oct 46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

10330

Reg. Dist. No.

290

1. PLACE OF DEATH

County Talbot
 City or town on way to Easton in Ambulance
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Queen Anne's
 City or town Queenstown Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war World War II

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Divorced
 6. (b) Name of husband or wife Mary Webb
 6. (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1899
 8. AGE: Years 46 Months 9 Days 27 hrs. _____ min. _____

9. Birthplace Queenstown
 (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Fishing & Oystering

12. Name August Schelberg

13. Birthplace Baltimore, Md

14. Maiden name Nora Isen

15. Birthplace Baltimore

16. Informant William Schelberg

Address Queenstown Md

17. Burial Date thereof Oct. 5, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Mary's Churchyard Cemetery

Location St. Mary's Mills Md

18. Funeral director John D. Williams

Address Easton Md

19. 9/3 19 46 N. V. Nevins
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 1, 1946 at 12:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 1, 1946 to Oct 1, 1946

and that I last saw him alive on Oct 1, 1946

Immediate cause of death Coronary Thrombosis

DURATION 8 hours

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. V. Palmer M.D. M. D. or other

Address Easton, Md Date signed 12/7/46

RECEIVED

OCT 12 1946

BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 982

10331

CERTIFICATE OF DEATH

Reg. Dist. No. 298

1. PLACE OF DEATH:

County Talbot
 City or town Easton, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 days
 Hospital, institution, or street address where death occurred:
The Memorial Hospital
 How long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mr. Victor C. Smith

3. (b) Social Security Number

4. Sex M 5. Color or race W. 6. (a) Single, married, widowed, or divorced6. (b) Name of husband or wife Bessie M. Smith7. Birth date of deceased (mo., day, yr.) Feb. 24, 1875 6. (c) If alive, give age 67 years8. AGE: Years 71 Months 8 Days 3 If less than one day _____ hrs. _____ min.9. Birthplace Talbot Co. Md.
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Thomas J. Smith13. Birthplace Newark, Del.14. Maiden name Marie E. Coleman15. Birthplace Wilmington, Del.16. Informant Thos. J. SmithAddress Easton, Md.17. Burial Date thereof 10/29/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Spring HillLocation Easton18. Funeral director James E. Newman & SonAddress Easton, Md.19. 10/28 19 46 N. H. Newier
(Date reg'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH 10/27 19 46 at 3:15 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 19 46, to 10/27/1946and that I last saw him alive on 10/27/46 19

Immediate cause of death _____ DURATION

Arteriosclerotic heart disease 1 yearDue to Arteriosclerosis, generalized

Due to _____

Other conditions Vertical hernia 20 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE N. H. Newier M. D. or otherAddress Easton, Md. Date signed 10/29/46

RECEIVED
OCT 31 1946
BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 442

CERTIFICATE OF DEATH

Reg. Dist. No.

10332

290

1. PLACE OF DEATH:

County Talbot
 City or town Easton, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Memorial Hospital, Easton, Md
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
 City or town Easton RD # 2
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Trophenia G. Stafford

3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife M. Earle Stafford
Sept 10, 1875 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 71 Months 24 Days 24 If less than one day
 .hrs. .min.

9. Birthplace Talbot Co.
 (Town, county, and state)

10. Usual occupation house work

11. Industry or business

FATHER 12. Name Deane Calloway

13. Birthplace Dorchester Co.

MOTHER 14. Maiden name Eliza Wheatley

15. Birthplace Dorchester Co.

16. Informant M. Earle Stafford (husb.)

Address same

17. Burial Date thereof 10/7/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton, Md.

18. Funeral director W. Ellis Clark & Sons.

Address Easton, Md.

19. 10/5 46 N. St. Merius
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4 19 46 at 1:29 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 27 19 46 to Oct 4 19 46

and that I last saw him alive on Oct 4 19 46

Immediate cause of death Medicinal and Toxicological

Tumor Hodgkin's

Due to divertic

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Karl Lederer M.D. M. D. or other

Address Green Cross Bldg. Date signed 10/5

RECEIVED

OCT 12 1946

BUREAU VER

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 98-2

CERTIFICATE OF DEATH

10333

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Calvert
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 yrs.
Hospital, institution, or street address where death occurred:
145 S. Washington St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Calvert
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No. 145 S. Washington St.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Hannah J. Stoops

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

B. (b) Name of husband or wife Wm. J. Stoops

7. Birth date of deceased (mo., day, yr.) not known 6. (c) If alive, give age 25 years

8. AGE: Years 69 Months 0 Days 0 if less than one day 0 hrs. 0 min.

9. Birthplace Antietam, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Charles H. Higgins

13. Birthplace Queen Anne's County, Md.

14. Maiden name Mary C. Stendish

15. Birthplace Queen Anne's County, Md.

16. Informant Charles H. Higgins (Bro.)

Address Snow Hill, Md.

17. (Burial, cremation, or removal, Which?) Burial Date thereof Oct 10, 1946
(month) (day) (year)

Cemetery or crematory Eastersfield

Location Centerville, Md.

18. Funeral director J. Peter Clark

Address Easton, Md.

19. 10/9 46 N.H. Nevins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 8, 19 46, at Easton M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 4, 19 44, to October 8, 19 46, and that I last saw her alive on October 8, 19 46.

Immediate cause of death Congestive Heart Failure DURATION 2 years

Due to Hypertension 25 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE M. V. Palmer M. D. or other

Address Easton, Md. Date signed 10/9/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 12 1946
BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-00

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County SalisburyCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

110 Salisbury Lane

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County SalisburyCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 110 Salisbury Lane

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Martha Ellen (Ray name) Stahl

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

William S. Stahl

7. Birth date of deceased (mo., day, yr.)

April 28, 1874

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

77520

hrs.

min.

9. Birthplace

Salisbury County, MD.

(Town, county, and state)

10. Usual occupation

Housekeeper

11. Industry or business

FATHER

12. Name

George W. Seymour

13. Birthplace

MD.

MOTHER

14. Maiden name

Gene Cadogan

15. Birthplace

Del.

16. Informant

Mr. Charles Stahl

Address

110 Salisbury Lane, Salisbury, MD.

17.

(Burial, cremation, or removal, Which?)

Date thereof

Oct. 21, 1946
(month) (day) (year)

Cemetery or crematory

Spring Hill

Location

Salisbury, MD.

18. Funeral director

Address

Edwards, MD.

19.

(Date rec'd by registrar)

19

46H. H. Neer

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct. 15

19

46, 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June

19

46

to

10/1/46

19

46and that I last saw him alive on 10/1/46

Immediate cause of death

apoplexy

DURATION

2 days

Due to

Hypertension

Due to

arteriosclerosis
generalized

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

B. Cox, M.D.

M. D. or other

Address

Salisbury, MD.

Date signed

10/19/46

RECEIVED
OCT 24 1946
BUREAU V.M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157-2

CERTIFICATE OF DEATH

 10335
 Reg. Dist. No. 290

1. PLACE OF DEATH:

 County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 minutes

Hospital, institution, or street address where death occurred:

The Memorial HospitalHow long in hospital or institution? 5 minutes

3. (a) FULL NAME

Brenda Jean Trice4. Sex 7 5. Color or race W 6. (a) Single, married, widowed, or divorced S

8. (b) Name of husband or wife

B. (c) If alive, give age. years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1946

8. AGE: Years Months Days If less than one day

8 7 29 hrs. min.9. Birthplace Easton Md

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Leon Trice13. Birthplace Caroline Co. Md.MOTHER 14. Maiden name Mary Jane Foster15. Birthplace Dorchester Co. Del.16. Informant Leon T. TriceAddress Federalburg Md17. Burial Date thereof 10/19/46

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Hill CrestLocation Federalburg Md18. Funeral director J. V. Frampton, Jr. SonAddress Federalburg Maryland19. 10/18 46 N. H. Neeris

(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Federalburg, R.D.

(If outside city or town limits, write RURAL and give nearest town)

Street No. near American Corner

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH 17 October 19 46 at 9:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 46 to 19 46and that I last saw him alive on 11 October 19 46Immediate cause of death Respiratory failure

DURATION

Due to Congenital heart disease 8 mos

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thos. H. Harrison M.D.Address Easton, Md Date signed 10/17/46

RECEIVED
OCT 24 1946
BUREAU V-R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Galhout
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 633 Dover St.
Stay in hospital or inf. (yrs., or mos., or days) _____
Stay in this community (yrs., or mos., or days) 12 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Caloline
City or town Preston Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. _____
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME

Rosie Webb

3. (b) Social Security Number

4. Sex F. 5. Color or race Negro 6. (a) Single, married, widowed, or divorced M.

6 (b) Name of husband or wife Francis Webb

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Nov. 10 - 1890

8. AGE: Years 55 Months 1890 Days Nov. 10 If less than one day _____ hrs. _____ min.

9. Birthplace Preston Md. Caloline - Ind.
(Town, county, and state)

10. Usual occupation House Wifes

11. Industry or business _____

12. Name Mrs. H. Friend

13. Birthplace Caloline Cty.

14. Maiden name Georgina H. Friend

15. Birthplace Md.

16. Informant Mrs. Francis Webb.

Address 633 Dover St.

17. Burial Date thereof Oct. 13 - 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Pleasant

Location Preston Md.

18. Funeral director Leon W. Henry

Address 310 South 5th Easton

19. 10/10 19 46 N.H. Neer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 5 19 46, at 6P M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1 19 46 to Oct. 5 19 46, and that I last saw him alive on Oct. 3 19 46.

Immediate cause of death Cerebral Hemorrhage DURATION 5 days

Due to Hypertension 2 years

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Hayward T. Webb M.D. M. D. of other _____

Address Easton, Md. Date signed 10/7/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

RECEIVED

OCT 21 1946

BUREAU

RECEIVED

OCT 21 1946

BUREAU V R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13, Md.

CERTIFICATE OF DEATH

 1033290
 Reg. Dist. No.

1. PLACE OF DEATH: County..... <u>Talbot</u> City or town..... <u>Easton</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>5 days</u> Hospital, institution, or street address where death occurred: <u>The Memorial Hospital</u> How long in hospital or institution?..... <u>5 days</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Dorchester</u> City or town..... <u>Thelock</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... (If rural, give LOCATION) 2.(a) If veteran, name war.....			
3. (a) FULL NAME <u>Mr. Ulysses Wheatley</u>				3. (b) Social Security Number			
4. Sex <u>M</u>		5. Color or race <u>W</u>		6. (a) Single, married, widowed, or divorced <u>Single</u>			
6. (b) Name of husband or wife				6. (c) If alive, give age years			
7. Birth date of deceased (mo., day, yr.) <u>Sept. 30, 1887</u>				8. AGE: Years <u>59</u> Months _____ Days _____ If less than one day _____ hrs. _____ min.			
9. Birthplace <u>Dorchester Md</u> (Town, county, and state)				10. Usual occupation <u>Farmer</u>			
11. Industry or business				12. Name <u>Edward Wheatley</u>			
13. Birthplace <u>Dorchester Co. Md.</u>				14. Maiden name <u>Maggie Thompson</u>			
15. Birthplace <u>Dorchester Co. Md.</u>				16. Informant <u>Roger Wheatley</u> Address..... <u>W. Rhodesdale, Md.</u>			
17. (Burial, cremation, or removal, which?) <u>Burial</u> Date thereof..... <u>10, 9, 1946</u> (month) (day) (year) Cemetery or crematory..... <u>East New Market</u> Location..... <u>" "</u> 18. Funeral director <u>Gravenor Bros</u> Address..... <u>Sharptown Md.</u> <u>N. H. Neenan</u> Registrar				20. DATE OF DEATH <u>10/6</u> 19 <u>46</u> , at <u>10:20</u> P.M. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Oct. 2</u> 19 <u>46</u> , to <u>Oct. 6</u> 19 <u>46</u> , and that I last saw him alive on <u>Oct. 6</u> 19 <u>46</u> Immediate cause of death..... <u>Cardiac failure</u> Due to..... <u>Pulmonary Tubercular Case</u> Due to..... Other conditions..... <u>Multiple Vitamin Deficiency</u> (Include pregnancy within 8 months of death) Major findings of operations..... Date of op..... Autopsy results..... PHYSICIAN: Please underline the cause to which death should be charged statistically.			
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....				23. SIGNATURE <u>James H. Harrison</u> M.D. <u>Easton Md</u> Address..... Date signed.....			

19. 10/17 1946
(Date recd by registrar)

RECEIVED
OCT 12 1946
BUREAU V B

VS A15 9.45-151



MARGIN RESERVED FOR BINDING



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In current case
physicians: place in the case

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

10313

Reg. Dist. No. 2700

1. PLACE OF DEATH:

County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 day 33 yrs
Hospital, institution, or street address where death occurred:
Mc Bready Memorial Hosp.
How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. R. F. W.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Clara J. Wheaton

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
8. (b) Name of husband or wife Harry 8. (c) If alive, give age 68 years
7. Birth date of deceased (mo., day, yr.) May 26, 1881
8. AGE: Years 68 Months 4 Days 22 If less than one day
hrs. min.

9. Birthplace Providence R. I.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Home
12. Name Melba Mae
13. Birthplace R. I.
14. Maiden name Lavinia Morris
15. Birthplace R. I.

16. Informant Harry Wheaton
Address R. F. W. Crisfield
17. Burial Date thereof Oct 20, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Summit Ridge
Location Crisfield
18. Funeral director Edward J. Steward
Address Crisfield

19. 10/9/46 (Date rec'd by registrar)
Agatha E. Frazier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1946 at 10:15 A.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
Oct 17 1946 to Oct 18 1946
and that I last saw him alive on Oct 18 1946
Immediate cause of death
Chronic myocardial infarction 10 yrs
(heart block) 6 yrs
Due to Coronary thrombosis
Due to Arteriosclerosis 2
Hypertension 3
Other conditions Pulmonary 2
Residual paralysis from 10 yrs
hemiplegia
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE S. M. Peyton M.D.
M, D. or other
Address Crisfield Date signed Oct 19

is especially important. In hygienic cases of death clearly and legibly. Please write the causes of death clearly and legibly.

RECEIVED
NOV 29 1946
BUREAU V &

2-35

10. 11. 3. 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Talbot
 City or town St. Michaels
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 12 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Talbot
 City or town St. Michaels
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Lillie R. Willey

3. (b) Social Security Number

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Edward E. Willey
 6.(c) If alive, give age 66 years
 7. Birth date of deceased (mo., day, yr.) Nov. 15 1881
 8. AGE: Years 64 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Bozman Talbot Co. Md
 (Town, county, and state)
Houseside

10. Usual occupation _____

11. Industry or business _____

12. Name John T. Harrison

13. Birthplace Bozman Talbot Co. Md.

14. Maiden name May E. Harrison

15. Birthplace Bozman Talbot Co. Md.

16. Informant Edward E. Willey

Address St. Michaels Md

17. Burial Date thereof OCT 7, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Bozman Md

18. Funeral director Hewnam & Harrison

Address St. Michaels Md.

19. Oct 15 19 46 John Hewnam
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 October 19 46 at 0545 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 28 Sept 19 46 to 4 Oct 19 46

and that I last saw him alive on 3 Oct 19 46

Immediate cause of death Cerebral

hemorrhage

Due to Essential hypertension

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Herbert Harrison M. D. or other _____

Address St. Michaels Md Date signed 4 Oct 46

DURATION

27 Oct 46
Sept

2-35



MARYLAND STATE DEPARTMENT OF HEALTH ★

2411 N. Charles St., Baltimore (159)

10339

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Saskon Talbot md.
 City or town 35 Min.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? 35 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)
 State Maryland County Caroline
 City or town Federalsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

4. Sex Female 5. Color or race W. 6.(a) Single, married, widowed, or divorced -

B.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Oct. 18 - 1946 6.(c) If alive, give age _____ years

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hrs. 35 min.

9. Birthplace Saskon Talbot Co., md.
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Norris N. Windsor
 13. Birthplace Orchester Co. md.

14. Maiden name Susan V. Morris
 15. Birthplace Farmingdale N.Y.

16. Informant Mrs. Alfred Morris
 Address Federalsburg md

17. (Burial, cremation, or removal, which?) Burial Date thereof 10/21/46
 (month) (day) (year)
 Cemetery or crematory Hill Crest
 Location Federalsburg md.

18. Funeral director J. & Frampton, Inc.
 Address Federalsburg, Maryland

19. 10/18 19 46 N.H. Neerius
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 18 19 46, at 9:45 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 18 19 46 and that I last saw h. on Oct. 18 19 46

Immediate cause of death Prematurity 7 months DURATION 35 min

Due to Eclampsia of mother

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. T. B. Ambler MD M. D. or other _____

Address _____ Date signed _____

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 24 1946
BUREAU V B

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (148a)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Falbert
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 19 hrs.
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Falbert
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mrs. Susan Virginia Wendon

3. (b) Social Security Number

4. Sex

Female

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1946 at 6:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10-17- 1946, to 10-18 1946
 and that I last saw her alive on 10-18-46 1946

Immediate cause of death

Cerebral Hemorrhage

DURATION

1 hourDue to Eclampsia +2 daysDue to hypertension3 weeks

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE J. T. B. Embler M.D.

M. D. or other

Address Easton, Md. Date signed _____

11. Industry or business

FATHER

12. Name

Mark Alfred Morris

13. Birthplace

Bridgesville

MOTHER

14. Maiden name

Letitia (Belle) Woolley

15. Birthplace

Lanham Dale N. D.

16. Informant

Mrs. Norris Marie Wendon

Address

Federalburg Md

17.

(Burial, cremation, or removal. Which?)

Date thereof

10/21/46
(month) (day) (year)

Cemetery or crematory

Federalburg Md

Location

Federalburg Md

18. Funeral director

J. J. Fraughton & Son

Address

Federalburg, Maryland

19.

10/19
(Date rec'd by registrar)

19

46J. B. Neer
Registrar

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BUREAU V.R.